

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 03/21/01?
b. The request was received on 03/08/02.

II. EXHIBITS

1. Requestor:
 - a. Initial Submission of TWCC-60
 1. UB-92s
 2. EOB(s)
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. There is an initial response from the carrier, dated 03/12/02.

III. PARTIES' POSITIONS

1. Requestor: No letter
2. Respondent: No letter

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 03/21/01.
2. This decision is being written based on the documentation in the case file when it was assigned to this Medical Dispute Resolution Officer.
3. The provider billed a total of \$11,996.64 on the date of service in dispute.
4. The carrier reimbursed a total of \$1,872.68 and its EOB has the denial "M – No Mar, and G-Unbundling."
5. The amount in dispute per the TWCC-60 is \$6,955.96.
6. There is no medical documentation in the case file to support that the services were rendered or that the bills submitted were fair and reasonable.

MDR: M4-02-2497-01

7. Therefore, no reimbursement is recommended.

The above Findings and Decision are hereby issued this 9th day of August 2002.

Carolyn Ollar, RN, BA
Medical Dispute Resolution Officer
Medical Review Division
CO/co